

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003715 (0)

1. Corporation Name

PATA SUNCOAST CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

4300 CENTRAL AVENUE
ST. PETERSBURG FL 337114300 CENTRAL AVENUE
ST. PETERSBURG FL 33711-1141

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

03/14/1996

4. FEI Number

59-3024055

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGGAR, ROLFE D
4300 CENTRAL AVENUE
ST. PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DANTZLER, RAY	
STREET ADDRESS	13186 DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, MARIANNE	
STREET ADDRESS	2174 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRCHOFFER, PHILIP	
STREET ADDRESS	2580 SWEETGUM WAY N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, JEANNE	
STREET ADDRESS	14810 RUE DE BAYONNE 2G	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURCHY, DIANE	
STREET ADDRESS	447 SONOMA VALLEY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUGGAR, ROLFE	
STREET ADDRESS	4300 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMPKINS, HAL	
1.3 STREET ADDRESS	5525 ISLAND AVENUE	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANTZLER, RAY	
2.3 STREET ADDRESS	13186 DALE MABRY	
2.4 CITY-ST-ZIP	TAMPA, FL 33618	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REINA, SYLVIA	
3.3 STREET ADDRESS	3310 W. CYPRESS #205	
3.4 CITY-ST-ZIP	TAMPA, FL 33607	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REIST, ANDREA	
4.3 STREET ADDRESS	1026 FLORIDA AVE. SUITE G	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/96

Date

(813) 328-1944

Daytime Phone # 0050791

CR2E037 (9/96)